

GUARDIAN AD LITEM PROGRAM

IN-SERVICE TRAINING (IST) FORM

NAME OF VOLUNTEER: _____

TELEPHONE NUMBER: _____

COUNTY: _____

DATE OF IST: _____

TOPIC/TITLE: _____

LOCATION OF IST: _____

TRAINING PROVIDED BY: _____

LENGTH OF TRAINING: _____

As a Volunteer Guardian Ad Litem, I hereby certify and acknowledge that I attended the above referenced training and request that my in-service training credit with the _____ Circuit reflect the same.

Dated: _____ By: _____
Signature of Volunteer GAL